## PAOS SIGNANA TOSSI

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

CLAIMS AS			(Column 1)		(Column 2)		SMALL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			181				RATE	= 1	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC I	-1	355.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20=		. 101		X\$ 9	=	B	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		· 8		X40=	=	320	OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT				+135	_	<u> </u>	OR	+270=	, , <u>,,</u>
* If	the difference	less than ze	ss than zero, enter		"0" in column 2		L		OR	TOTAL		
	С	LAIMS AS A				CMAI		NTITY		OTHER SMALL		
_		(Column 1)		(Colur		(Column 3)	SIVIAL	-L E		OR	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	-		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CL AIA		X40=			OR	X80=	
<u></u>	FINST PRESE	INTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM		+135=	=		OR	+270=	
								AL	<del></del>	OR	TOTAL	
70.1								EE L			ADDIT. FEE	
_		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	.		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=	X40=			OR	X80=	
L	711101711202	TETATION OF MIC	JETH LE DEI	LNDLINI	CLAIIVI		+135=			OR	+270=	
								AL EE		OR	TOTAL ADDIT. FEE	
		(Column 3)				·						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGH NUME PREVICE PAID	EST BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	X40=	1			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+		OR	700=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR											TOTAL ADDIT, FEE	
	The "Highest Num	mber Previously Par ber Previously Par DECT	id For" (Total o	S SPACE II r Independe ABLE	s less tha ent) is the	an 3, enter "3." e-highest number f			opriate box			
EODA.	DTO-875	- DEUI	7 T 7 T 73 L					_				